

# Community Advisory Committee Guiding Principles

## I. Purpose & Overview

The purpose of the Community Advisory Committee (CAC) is to act as a liaison between Partnership HealthPlan of California (Partnership) and our members. The CAC is composed of a single committee that provides Partnership members with a forum that allows meaningful engagement and the ability to discuss common issues of interest and importance, while creating a supportive and informative environment. Partnership has determined that it would be most effective to operate a single committee, providing visibility to Partnership's service area as a whole. The CAC is composed of Partnership members, advocates, and stakeholders who represent the diversity and geographic regions of Partnership's membership including hard-to-reach populations. The CAC may also include participation from select providers within the service area. Partnership ensures that all Subcontractors and Network Providers comply with all applicable state and federal law and regulations. Partnership values the input received through the CAC and considers the feedback during annual reviews and policy/procedural updates that affect quality and Health Equity. Additionally, Partnership provides relevant updates to the CAC on how their input is incorporated.

The CAC also advocates for Partnership members by ensuring that the health plan is responsive to the diverse health care needs of all members. Partnership will make a good faith effort to ensure that CAC members feel supported in their role and may provide resources to help educate them so they can effectively participate in CAC meetings. These resources may include, but are not limited to, onboarding materials for CAC members and additional support to assist them in their CAC activities.

The CAC is responsible for and shall carry out the duties listed below:

- Identify member concerns that may influence Partnership policies and practices
- Identifying and advocating for preventative care practices utilized by Partnership
- Participate in the development and updating of cultural and linguistic policy and procedure decisions related to quality improvement, member education, operational, and cultural competency issues that may affect groups who speak a primary language other than English
- Make recommendations regarding the cultural appropriateness of communications, partnerships, and/or services
- Annually review the results of the C&L program evaluation to provide feedback and recommendations on root causes and possible interventions.
- Provide input on necessary member/provider targeted services, programs, and trainings including but not limited to diversity, equity, and inclusion.
- Review Population Needs Assessment findings and discuss improvement opportunities related to Population Health Management (PHM), Health Equity and Health Disparities

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- Contribute feedback and suggestions on Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP) and other health education and community focused initiatives
- Validate Community Reinvestment Plans prior to submission to DHCS to ensure investments are adequately targeted toward the needs of the community
- Making recommendations on Quality of Care and children services
- Ensure that the concerns of members of all cultures are respected and addressed, including members that speak a primary language other than English
- Serve as advocates for members of Partnership, promote self-advocacy, and cultural competency, thereby improving health outcomes
- Review and provide input regarding Member Rights and Responsibilities and other member materials, Partnership marketing materials, and campaigns
- Annually review grievance and appeal data
- Review and make recommendations regarding Quality Improvement activities, including but not limited to the Member Satisfaction Survey results
- Review communication of needs for Network development, assessment, and provider manual
- Development of Non-Specialty Mental Health Services (NSMHS), outreach, and education plan
- Priorities for health education and outreach programs
- Community resources information
- Reforms to improve health outcomes, accessibility of services, and coordination of care for members

To manage the operations of this committee, Partnership has designated CAC Facilitators and a Coordinator. The CAC Coordinator, in partnership with the Facilitators, are responsible for managing the operations of the CAC. Together, they ensure compliance with all statutory, rule, and DHCS contractual requirements. Partnership ensures that the CAC program team, including the CAC Coordinator and Facilitators, are neither Partnership members nor members of the committee.

These Guiding Principles may be updated or amended as needed to comply with regulatory or accreditation body requirements, or as proposed by CAC members and/or Partnership staff.

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## II. Membership

### Member Selection

All Partnership members are eligible to become a CAC member if seats are available by completing a CAC application and meeting the requirements below:

- They are an eligible Partnership member, legal parent of a minor (under age 18), or a legal guardian or conservator of an eligible Partnership member
- Will regularly attend and actively participate in meetings

To ensure that the CAC is composed of representatives that bring different perspectives, ideas, and views to the committee, Partnership has enacted a CAC Selection Committee, tasked with the selection of new CAC members.

Partnership's Board of Commissioners serves as our Selection Committee and is made up of representatives from Partnership's service area, including representation at the county, provider, and member level. The CAC Program Team consults with Partnership's Health Equity Officer, prior to the Selection Committee's appointment of new CAC members.

Partnership's Selection Committee ensures that the composition of the committee reflects Partnership's population and serve the following:

- Members of hard-to-reach populations
- Members of diverse racial and ethnic backgrounds, genders, gender identity, sexual orientation, physical disabilities, and age backgrounds (including parents/caregivers of adolescents/foster youth and representatives from Indian Health Care Providers [IHCP]).
- Limited English Proficient (LEP) Members
- Members who receive Long-Term Supports Services (LTSS), and/or individuals representing those members

Partnership conducts an annual review to ensure that CAC membership is representative of its membership base. Partnership may modify the CAC membership base to reflect changes in member demographics.

Each county within Partnership's service area is allocated a set amount of CAC seats available to members. To ensure appropriate representation, our internal teams established a membership baseline and corresponding committee capacity. Our CAC membership baseline shall align with the Board of Commissioner seats per county. The ratio selected for each county is defined as one (1)

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times the number of Partnership Board of Commissioner seats per county, whereas the membership capacity will be two (2) times the baseline.

The CAC Coordinator, Facilitators, and the CAC selection committee are responsible for selecting new CAC members and/or replacing former CAC members whose position has been vacated. If a CAC member resigns or is asked to resign, the CAC Coordinator, Facilitators, and the CAC selection committee must make their best effort to promptly replace a vacant seat within 60 calendar days. The CAC Team will continue to ensure that Partnership is responsive to the diverse health care needs of all members and is reflective of Partnership's service area.

## Member Responsibilities

- Regularly attend scheduled meetings
  - If a member of Partnership's Board (or committees) has an ADA-qualifying disability that prevents in-person attendance, the member may participate in a public meeting remotely as reasonable accommodation.
- Arrive in a timely manner
- Actively engage in CAC meetings by providing opinions and feedback to improve Partnership services
- Provide updated contact information to the CAC Coordinator and/or Facilitators for the purpose of meeting notices
- Notify the CAC Coordinator and/or Facilitators in advance if you cannot attend a meeting

## Membership Term

CAC members may serve for a term of up to four (4) years. At the end of the four (4) year term, CAC members may continue their role as long as there is not a replacement CAC member available.

A CAC member who is absent for three (3) consecutive CAC meetings shall lose voting privileges at the subsequent meeting and will forfeit their membership. The individual may reapply for a seat on the CAC.

CAC members may lose their membership seat and privileges by a quorum of the CAC. CAC members may terminate their position at any time by resigning. The member may resign by calling, emailing, or sending a letter to the CAC Coordinator and/or Facilitators. The CAC Coordinator, Facilitators, and the CAC selection committee will make a good-faith effort to promptly replace any vacancy due to member resignations (voluntary or involuntary) within 60 calendar days.

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## Compensation

A CAC member may receive a stipend for travel and childcare expenses that allows them to attend CAC meetings during their membership term. No CAC member shall receive any profit from the operations of Partnership. This provision shall not prevent reasonable compensation to a CAC member for services performed for Partnership, if such compensation is not in conflict with Partnership policies or procedures, is permitted by these Guiding Principles, and is approved by the Chief Executive Officer of Partnership.

## Member Demographic Report

Partnership prepares an annual Member Demographic Report that highlights the composition of the CAC. The Member Demographic Report is submitted to the Department of Health Care Services (DHCS) no later than April 1 of each calendar year. Partnership strives to ensure that the CAC is representative of Partnerships' member demographic. The CAC Member Demographic Report will also identify the following:

- Description of the CAC's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, CHA/CHIP initiatives, resource allocation, and other community-based initiatives, including examples of how CAC input impacted and shaped Contractor initiatives and/or policies
- The data sources used to validate that CAC membership aligns with member demographics
- Barriers/challenges in meeting or increasing alignment between CAC's membership with the demographics of the members within Partnership's service area
- Ongoing, updated, and new efforts and strategies undertaken in CAC membership recruitment to address the barriers and challenges to achieving alignment between CAC membership with the demographics of the members within Partnership's service area

## Board of Commissioners

The CAC reports directly to Partnership's Board of Commissioners. Three representatives throughout Partnership's regions will be selected every two years to represent the CAC on the Board of Commissioners.

## DHCS Statewide Medi-Cal Member Advisory Committee (MMAC)

The CAC shall select and appoint one member of the CAC, or another Partnership member, to serve as the Partnership representative to the DHCS Statewide MMAC. Partnership shall compensate the representative for time and participation within the Statewide MMAC, including transportation expenses to appear in-person.

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## Non-Liability of Members

CAC members shall not be personally liable for the debts, liabilities, or other obligations of Partnership.

## III. Committee Meetings

### Meeting Schedule

CAC meetings are held four times a year (quarterly) and at times and in formats, that foster and facilitate CAC member participation. The CAC meeting schedule is published at the beginning of each year and posted on Partnership's website. Partnership may conduct additional CAC meetings to discuss and take action on matters of urgency. The principal offices of Partnership's CAC for the transactions of its business for all regions are located at the following meeting locations:

County	Address
Butte	2760 Esplanade Avenue, Suite 130, Chico, CA 95973
Humboldt	1036 5th St., Suite E, Eureka, CA 95501
Placer	281 Nevada Street, Auburn, CA 95603
Shasta	2525 Airpark Drive, Redding, CA 96001
Solano	4605 Business Center Drive, Fairfield, CA 94534
Sonoma	495 Tesconi Circle, Santa Rosa, CA 95401

All CAC meetings are open to the public and held in locations that are easily accessible to all members. Meetings may also be held at additional sites, which will be listed on the meeting notice. Meeting notices are posted in a centralized location on Partnership's website up to 30 calendar days, and no later than 72 hours prior to the meeting. Video conferencing equipment is used when members from multiple locations participate. Interpretation and translations services are available to all members upon request.

### Facilitation of Meetings

CAC meetings are conducted in compliance with the Ralph M. Brown Act. The CAC Facilitator(s) are responsible for the facilitation of all CAC meetings. The CAC team will arrange interpretation and translation for our members upon request and ensure all locations where the meetings are held are accessible to all members. The CAC Coordinator acts as secretary or may appoint a member/designee to act as secretary of the meeting, for the purpose of taking meeting minutes.

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Meeting minutes are posted on Partnership's website and distributed to members before the next quarterly meeting. Partnership will also submit meeting minutes to DHCS within 45 calendar days.

## Quorum

For the purpose of the CAC, a quorum is defined as the minimum number of members in attendance required to conduct the business of the committee. The CAC quorum shall consist of at least ½ (one half) of the CAC membership seats held. Every act or decision done or made by a quorum is an act of the CAC as a whole.

## CAC Records

Partnership shall maintain CAC records, for no less than 10 years. CAC records shall include the following:

- CAC meeting minutes that include the date, time, attendee list, and place of CAC meetings
- A copy of the Guiding Principles and any modifications to date, which shall be open to inspection